

S. No. 2
4-9-4-41
5-17-39
PI

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31946**

FILED SEP 22 1943

Registration District No. **170**

Primary Registration District No. **5633**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **LACLEDE**
 (b) City or town **RURAL - Smith Twp.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
P.S. LEBANON
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1**
(Specify whether)
 In this community **18 YRS**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **LACLEDE** **053**
 (c) City or town **RURAL** **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. **P.S. LEBANON**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **HENRY MARVIN BROWN**
 (b) If veteran, _____ name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **17**
 year **1943** hour **7** minute **30** P.M.
21. I hereby certify that I attended the deceased from **Aug 11**
1943 to **Aug 17** **1943**
 that I last saw him alive on **Aug 13** **1943**
 and that death occurred on the date and hour stated above.

4. Sex **M** **0** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ELEN FUNKENBUSH**
6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased. **Aug 26 1863**
(Month) (Day) (Year)

Immediate cause of death:
Myocardial failure **10 days**
Cardiovascular renal disease **2 yrs.**
 Due to _____
 Due to _____

8. AGE: Years **79** Months **11** Days **21**
 If less than one day _____ hr. _____ min.
9. Birthplace **CLARK Co Mo 0**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
131a
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation **FARMER**
11. Industry or business _____
12. Name **HIRAM BROWN**
13. Birthplace **VA 1**
(City, town, or county) (State or foreign country)
14. Maiden name **KATHRYN STARKS**
15. Birthplace **MO 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ans. H M Brown**
(b) Address **P.S. LEBANON MO**
17. (a) Burial, cremation, or removal **BURIAL** (b) Date thereof **8-19-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **SIMLIN CEM.**
18. (a) Signature of funeral director **PALMER'S**
(b) Address **LEBANON MO**
19. (a) Sept 6-43 (b) **Grace Roper.**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) _____
 Means of injury _____
23. Signature **James L Hope** (M. D. or other) **9/29/43**
 Address **Lebanon, Mo** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

533
20

1090

(Licensed Embalmer's Statement on Reverse Side)

Received
Laclede County Health Unit
File No. 8-43-126
Date Filed 9/20/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

R. A. Bahner

Licensed Embalmer No. 1161

P. O. Address

L. L. Lamon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.